

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	08/573,569-Conf. #5671
	Filing Date	December 14, 1995
	First Named Inventor	Hunein Maassab
	Art Unit	1648
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	30275/30016

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

OR

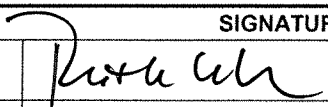
<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ruth L. Rasor		
Date	<input type="text" value="27 August 2007"/>	Telephone	<input type="text" value="434 615 8433"/>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.